United States Department of Labor Employees' Compensation Appeals Board

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T.F., Appellant)
and) Docket No. 07-585) Issued: July 3, 2007
U.S. POSTAL SERVICE, POST OFFICE, Fort Worth, TX, Employer) issued: July 3, 2007)
Appearances: Appellant, pro se Office of Solicitor, for the Director	_) Case Submitted on the Record

DECISION AND ORDER

Before:
DAVID S. GERSON, Judge
MICHAEL E. GROOM, Alternate Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On December 27, 2006 appellant filed a timely appeal from the Office of Workers' Compensation Programs' merit decision dated September 29, 2006, which denied her claim for a recurrence of a medical condition. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of the case.

ISSUE

The issue on appeal is whether appellant met her burden of proof to establish that she sustained a recurrence of a medical condition causally related to her accepted bilateral wrist condition.

FACTUAL HISTORY

On May 18, 2000 appellant, then a 41-year-old mail handler, filed an occupational disease claim alleging that she developed numbness in her hands while performing her mail handler duties which included repetitive grasping, pulling and lifting of mail sacks. She became aware of her condition on April 23, 1998. An electromyogram (EMG) performed by

Dr. Paul D. Flaggman, an osteopath, dated May 18, 2000, revealed bilateral carpal tunnel syndrome and bilateral de Quervain's tendinitis, probably occupationally related. Appellant reported that she experienced numbness in her hands beginning two years ago and worked in a position which required repetitive motion of her hands. On June 7, 2000 Dr. Flaggman noted that appellant could work eight hours per day with restrictions on lifting, grasping and fine manipulation. The Office accepted appellant's claim for bilateral wrist tendinitis, enthesopathy of wrist and carpus bilateral. Appellant returned to light duty on June 10, 2000 and later returned to regular duty.

On June 16, 2006 appellant filed a Form CA-2a, notice of recurrence of a medical condition. She noted that she experienced ongoing numbness and pain in both hands since April 23, 1998 causally related to her accepted condition. Appellant was working regular duty and did not stop work.

By letter dated July 17, 2006, the Office advised appellant of the evidence needed to establish her claim for a recurrence of a medical condition. It requested that she submit a physician's reasoned opinion addressing the relationship of her claimed recurrent condition and the original work injury.

In a memorandum dated August 4, 2006, the employing establishment noted that appellant had not submitted medical documentation since May 18, 2000. The employer further noted that there was no medical documentation restricting appellant to limited duty and appellant continued to work her full-duty assignment.

Appellant submitted a statement noting that her wrist condition worsened. She indicated that she received medical treatment in 1998 and was prescribed a wrist splint; however, she did not seek treatment after this time. Appellant submitted a duplicate of Dr. Flaggman's report dated May 18, 2000 which revealed bilateral carpal tunnel syndrome and bilateral de Quervain's tendinitis which was probably occupationally related. In a June 22, 2006 report, Dr. R. Craig Saunders, a Board-certified orthopedic surgeon, treated appellant for symptoms of nocturnal pain and numbness. Dr. Saunders noted that an EMG in 2000 revealed mild carpal tunnel syndrome and he diagnosed bilateral carpal tunnel right hand dominate and triggering phenomenon which was worse on the left than the right. He recommended conservative treatment.

In a decision dated September 29, 2006, the Office denied appellant's claim for a recurrence of a medical condition.

LEGAL PRECEDENT

A claimant seeking compensation under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of her claim by the weight of the reliable, probative and substantial evidence.² In this case, appellant has the burden of establishing that she sustained a recurrence of a medical condition causally related to her accepted occupational

¹ 5 U.S.C. §§ 8101-8193.

² Mary A. Ceglia, 55 ECAB 626 (2004).

disease. This burden includes the necessity of furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the accepted conditions and supports that conclusion with sound medical rationale.³ Where medical rationale in support of the physician's opinion is not present, the medical evidence is of diminished probative value.⁴

Office regulations define a recurrence of medical condition as the documented need for further medical treatment after release from treatment of the accepted condition when there is no work stoppage. Continued treatment for the original condition is not considered a renewed need for medical care, nor is examination without treatment.⁵ In order to establish that her claimed recurrence of the condition was caused by the accepted injury, medical evidence of bridging symptoms between her present condition and the accepted conditions must support the physician's conclusion of a causal relationship.⁶

<u>ANALYSIS</u>

The Office accepted appellant's claim for bilateral wrist tendinitis, enthesopathy of wrist and carpus bilateral. She did not stop working but filed a claim for a recurrence alleging that she had ongoing symptoms in both hands. However, appellant did not submit a well-reasoned narrative from a physician relating her claimed recurrent condition to her accepted employment injury.

In support of her claim she submitted Dr. Flaggman's May 18, 2000 report. This evidence is of no value in establishing the claimed recurrence of a medical condition as the report was previously considered by the Office when it accepted appellant's claim. It does not address her claimed recurrent condition as of 2006.

On June 22, 2006 Dr. Saunders treated appellant for symptoms of nocturnal pain and numbness in both hands and diagnosed bilateral carpal tunnel right hand dominate, triggering phenomenon, worse on the left than the right and recommended conservative treatment. However, Dr. Sanders failed to address how appellant's symptoms were causally related to the accepted employment injury. He did not explain how or why the trigger thumb was related to the accepted bilateral tendinitis. The Office never accepted that appellant developed trigger thumb as a result of her April 23, 1998 work injury and there is no reasoned medical evidence to support such a conclusion.⁷ Therefore, these reports are insufficient to meet appellant's burden of proof.

³ See id.

⁴ *Id*.

⁵ 20 C.F.R. § 10.5(y).

⁶ See supra note 2.

⁷ Where an employee claims that a condition not accepted or approved by the Office was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury. *Jaja K. Asaramo*, 55 ECAB 200 (2004).

Appellant did not submit any other medical evidence documenting her need for medical treatment in 2006 was due to her accepted condition. Therefore, appellant did not meet her burden of proof in establishing that she sustained a recurrence of a medical condition.

CONCLUSION

The Board finds that appellant has not met her burden of proof in establishing that she sustained a recurrence of a medical condition causally related to her accepted bilateral wrist tendinitis, enthesopathy of wrist and carpus bilateral.

ORDER

IT IS HEREBY ORDERED THAT the September 29, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 3, 2007 Washington, DC

> David S. Gerson, Judge Employees' Compensation Appeals Board

> Michael E. Groom, Alternate Judge Employees' Compensation Appeals Board

> James A. Haynes, Alternate Judge Employees' Compensation Appeals Board